

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

Alicia BELTRAN

Applicant,

vs.

Docket No. _____

**Jamie LOEHNIS, in his official capacity as
Executive Director of the Casa Clare
Treatment Center; Jim STRACHOTA,
in his official capacity as Director of Human
Services for Washington County, WI;
Mark D. BENSEN, in his official capacity as
District Attorney for Washington County,
WI; the WASHINGTON COUNTY
CIRCUIT COURT; and John DOE, in his
official capacity as immediate custodian
of Applicant Alicia Beltran,**

Respondents.

Declaration of Dr. Hytham Imseis

I, Dr. Hytham Imseis, declare and state as follows:

1. I am a Maternal-Fetal Medicine Specialist practicing in Charlotte, North Carolina with board certifications in Maternal-Fetal Medicine and Obstetrics and Gynecology. A maternal-fetal medicine specialist is an obstetrician/gynecologist who has completed 2-3 years of additional formal education and clinical experience within an American Board of Obstetrics and Gynecology (ABOG) approved Maternal-Fetal Medicine Fellowship Program and has special competence in: 1) the diagnosis and treatment of women with complications of pregnancy; 2) pre-existing medical conditions which may be impacted

by pregnancy; and 3) medical conditions which impact the pregnancy itself. A maternal-fetal medicine specialist requires advanced knowledge of the obstetrical, medical, genetic, and surgical complications of pregnancy and their effects on both the mother and fetus. Advanced knowledge of newborn adaptation is also necessary to ensure a continuum of excellence in care from the fetal to newborn periods.

2. I am licensed to practice medicine in Ohio and North Carolina. I participate medical education programs for Obstetricians and Gynecologists across the United States. My research has been published in the *American Journal of Obstetrics and Gynecology* and in *Obstetrics and Gynecology* and I currently review manuscripts for publication in both the *American Journal of Obstetrics and Gynecology* and *Ultrasound in Obstetrics and Gynecology*.
3. I previously served as the Medical Director of the Mountain Area Perinatal Substance Abuse Program and the Mountain Area Health Education Teen Pregnancy Clinic. I currently serve on the Women's Executive Board and the Ethics Committee at the Novant Health Presbyterian Medical Center in Charlotte, North Carolina, and am on the board of National Advocates for Pregnant Women. My Curriculum Vitae is attached as Exhibit A.
4. After reviewing the medical records of Alicia Beltran I find that there are no signs that she endangered her fetus. In fact, her medical records indicate the exact opposite:
 - She presented to care early in gestation, at 7 weeks, 6 days;
 - She was very forthcoming with regards to opiate use and freely submitted to urine toxicology testing; and

- She reported that she has been tapering the medication in the hope of getting off of it completely.
5. Alicia Beltran reported that she started taking Percocet in July 2012 and experienced opiate dependence. Dependence is the normal physiologic response that all humans exhibit with sustained exposure to opiate medications. In recognition of this dependence she started Suboxone and was actively tapering the medication with the intention of getting off of it due to her pregnancy. None of her medical records report signs of intoxication or of withdrawal.
 6. While I would have preferred that Alicia Beltran underwent an opiate taper under the auspices of a physician or treatment program, I find her efforts and determination commendable. She had a positive urine drug screen for buprenorphine and its metabolites when she presented for care on 7/2/13. This is the active drug in Suboxone and her screen was expected to be positive based on her report of taking the medication. Thereafter, all of her toxicology screens were negative.
 7. Opiates such as Percocet, Suboxone, and Vicodin are all compatible with pregnancy and do not cause birth defects. They are frequently used for pain during pregnancy. Suboxone and methadone in much higher doses than those taken by Alicia Beltran are frequently used for opiate maintenance in pregnancy. The only adverse fetal effect with sustained high dose opiate use in pregnancy is that of neonatal abstinence syndrome (NAS), a normal physiologic response to opiate withdrawal. This effect, when present, can be anticipated, managed, and treated. There are no long-term consequences to opiate use in pregnancy. It is notable that Alicia was on a low dose of Suboxone and was tapering the dosage.

8. The concerns expressed by Dr. Angela Breckenridge in her letter of July 16, 2013 regarding Alicia Beltran's Suboxone use suggest that Dr. Breckenridge is not well informed both about the actual risks associated with pregnant women's use of opiate medications and as to the potentially harmful consequences to the physician-patient relationship and maternal, fetal, and child health that are associated with reporting pregnant women to government authorities for the purposes of coerced care or incarceration. Dr. Breckenridge's letter to the authorities is confounding to acceptable standards of medical ethics and doctor-patient confidentiality.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed on September 26, 2013


Dr. Hytham Imseis